

**Indiana State Department of Toxicology**

**Breath Test Instrument**

**Service Request**

**Date:** \_\_\_\_\_

**Agency:** \_\_\_\_\_

**County:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_

**Instrument Serial Number:** \_\_\_\_\_

**Request:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Submitted by:** \_\_\_\_\_

Please email this request to [halbrown@isdt.in.gov](mailto:halbrown@isdt.in.gov), or you may fax it to 317-925-9430.

This information will be relayed to an Inspector during ISDT business hours of Monday-Friday 8 am to 5 pm.